



## APPLICATION FOR EMPLOYER PULL NOTICE ACCOUNT

### PART A (PLEASE PRINT)

DATE	COMPANY NAME		
MAIL TO THE ATTENTION OF:			
MAILING ADDRESS	CITY	STATE	ZIP CODE
IF MAILING ADDRESS IS P. O. BOX, GIVE STREET ADDRESS	CITY	STATE	ZIP CODE
CONTACT PERSON	TELEPHONE NUMBER AND EXTENSION		

### PART B (ANSWER THE FOLLOWING QUESTIONS)

1. Are you required to participate in the Employer Pull Notice Program?  
☐ YES    ☐ NO    If you answer no, state your purpose for enrollment. \_\_\_\_\_
2. If you are required to participate, please indicate the type of drivers you employ. Check more than one box if needed.
- ☐ Driver with Class A or B driver license.
  - ☐ Driver of a limousine.
  - ☐ Driver required to have a Tour Bus Certificate.
  - ☐ Driver carrying material which requires warning placards.
  - ☐ Other (Describe briefly if not listed above.) \_\_\_\_\_

### PART C (READ AND SIGN)

***I certify under penalty of perjury that the information contained herein is true and correct to the best of my knowledge and belief. I understand that this information is provided for the lawful conduct of this business and the pursuit of its interest and that any misuse will result in both cancellation of the requester number and refusal of subsequent application for requester number.***

SIGNATURE OF AUTHORIZED REPRESENTATIVE	<b>FOR DMV USE ONLY</b>		<b>REQUESTER CODE</b>
PRINT NAME OF AUTHORIZED REPRESENTATIVE—TITLE	APPROVED BY		
MAIL COMPLETED FORMS TO:  DMV Information Services P. O. Box 944231 Sacramento, CA 94244-2310	DATE		
	AUTOMATED REPORT		
	TYPE		

